7.

Assignment							
$\boxtimes$	An assignment of the invention to <b>SCIMED Life Systems, Inc</b> .						
		is enclosed. A separate:					
			"Cover Sheet for Assignment (Document) Accompanying New Patent Application" is enclosed.				
			Form PTO-1595 is enclosed.				
	$\boxtimes$	was made in prior application No. <u>09/487,943</u> , filed on <u>January 19, 200</u>					
			A copy of the assignment (and any recordation cover sheet) is enclosed.				
		will fol	llow.				
		Not enclosed.					
Requ	est Tha	t Appli	cation Not Be Published Pursuant to 35 U.S.C. 122(b)(2)				

## 8.

Pursuant to 35 U.S.C. 122(b)(2), Applicant(s) hereby requests that this patent application not be published pursuant to 35 U.S.C. 122(b)(1). Applicant hereby certifies that the invention disclosed in this application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication of applications 18 months after filing of the application.

## Warning

An applicant who makes a request not to publish, but who subsequently files in a foreign country or under a multilateral international agreement specified in 35 U.S.C. 122(b)(2)(B)(i), must notify the Director of such filing not later than 45 days after the date of the filing of such foreign or international application. A failure of the applicant to provide such notice within the prescribed period shall result in the application being regarded as abandoned, unless it is shown to the satisfaction of the Director that the delay in submitting the notice was unintentional.

## 9. Fee Calculation (37 C.F.R. 1.16)

<b>Utility Application</b>	n (37 C.F.R. 1.16(a))	
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FEES FOR CLAIMS AS FILED											
Number filed Number extra Rate											
Total Claims (37 C.F.R. 1.16 (c)) 1 - 20				- 20		= 0	x \$ 18.00	) =		,	\$ 0.00
Independent Claims (37 C.F.R. 1.16(b)) 1 - 3 = 0 x \$ 80						x \$ 80.00	) =		\$ 0.00		
Multiple Dependent Claims (37 C.F.R. 1.16(d)) + \$ 270.00 =									;	\$ 0.00	
						Fee C	Calculation f	or Extra	Claims	\$	0.00
		Amend	ment ca	nceling ex	tra cla	ims er	nclosed.				
		Amend	ment de	leting mul	tiple-d	epend	encies encl	osed.			
Total Filing Fee Calculation								\$	\$ <u>710.00</u>		
10.	Small	Entity S	tateme	nt							
		Small e	ntity sta	tus is clair	med ur	nder 3	7 C.F.R. 1.2	27.			
Filing Fee Calculation (50% of Filing Fee calculated in Item 9 above) \$											
11. Fee Payment											
		Not enclosed. No filing fee is to be paid at this time.									
	⊠ Enclosed:										
		$\boxtimes$	Basic fil	ing fee (Ite	em 9 o	r 10 al	oove)		\$ <u>710.0</u>	<u>0</u>	
				recording (37 C.F.R.					\$		
				ing and re (37 C.F.F			d 1.21(l))		\$		
				Tot	tal fees	s enclo	sed		\$ <u>710.</u>	<u>00</u> .	

Basic Fee \$710.00

12.	Method of Payment of Fees							
	$\boxtimes$	Check in the amount of \$_710.00.						
	Charge Deposit Account No in the amount of \$ A duplicate of this transmittal is enclosed.							
13.	Auth	thorization to Charge Additional Fees						
		The Commissioner is hereby authorized to charge the following additional fees by this paper and during the entire pendency of this application to Deposit Account No. <u>08-2461</u> :						
		37 C.F.R. 1.16(a), (f), or (g) (filing fees)						
		A duplicate of this transmittal is enclosed.						
14.	Instr	uctions as to Overpayment						
		□ Credit Deposit Account <u>08-2461</u> .   □ Refund.						
15.	Corr	espondence Address						
	Please address all correspondence to:							
		Daniel A. Scola, Jr. HOFFMANN & BARON, LLP 6900 Jericho Turnpike Syosset, New York 11791						
		Telephone: (973) 331-1700 Fax: (973) 331-1717						
		Mark E. Baron Registration No. 46,150 Attorney for Applicant(s)						
		Customer Number or Bar Code Label:						